

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009437

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1344

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 19 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR

TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

St. Anthony Hospital

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR

TOWN

Bridgeton

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

14823 Woodford Way

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

BENJAMIN

Middle

C.

Last

SPEAK

4. DATE OF DEATH

Month

Feb.

Day

6

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-13-1922

## 9. AGE (last birthday)

40

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer-Minneapolis Honeywell Co.

## 10b. KIND OF BUSINESS OR INDUSTRY

Scott City, Mo.

## 11. BIRTHPLACE (City and state or country)

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Benjamin F. Speak

## 13b. MOTHER'S MAIDEN NAME

Ruth Clark

## 14. NAME OF HUSBAND OR WIFE

Florence D. Speak

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

World War 2

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Florence D. Speak 14823 Woodford Way

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF RT. LUNG

## INTERVAL BETWEEN ONSET AND DEATH

4 Mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163x

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

16 DEC 62 to 6 FEB 63 and last saw him alive on 5 FEB 63

Death occurred at

4:15 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Feb. 9, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

## 25. DATE RECD. BY LOCAL REG.

FEB 7 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

Dr. A. David Hoffmann FL. 1-2854  
6500 Chippewa St. 1-3:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

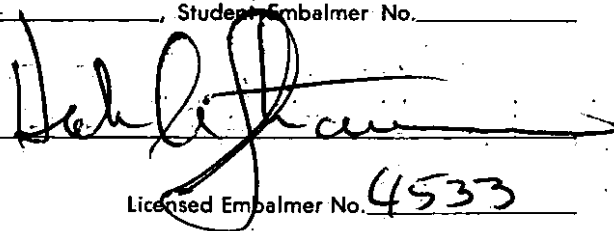
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.